VI. PUBLIC HEALTH.

(1). SANITATION.

93. Unsatisfactory condition of the present working of the Sanitary Department.

Mr. P. S. Maruthanayagom Pillai (Member, T. I. C., Padmanabhapuram) said that, before the organisation of the Sanitary Department in 1071, the work of the department was done partly by the Medical Department and partly by the Revenue Department and that the work then done was much more useful to the people. To supervise the work, there were only one Superintendent, two Inspectors and 48 vaccinators in the different taluks. Seeing that the arrangements then in vogue were not conducive to the efficient protection of public health, a separate Sanitary Department was organised in 1071 to better safeguard public health. The chief functions assigned to the department at the outset were the following :—

(1) Keeping accurate statistics regarding the number of births and deaths in the State.

(2) Attending to the sanitation of places outside the T. I. C. limits.

(3) Vaccination.

(4) Submitting reports to Government on public health after duly investigating the question.

(5) Rendering rural medical relief to the people and giving them advice on public health and sanitation.

For the purposes mentioned above, the State was divided into 39 towns and a staff consisting of 1 Commissioner, 4 District Sanitary Officers, 2 Taluk Sanitary Officers, 39 Overseers, 14 Peons and 301 Sweepers, was provided. One Vaccine depot was also opened and the number of vaccinators was raised to 81.

The department was reorganised in 1085 when a scientific Vaccine depot was opened and a qualified Superintendent and an Assistant were also appointed. The number of District Sanitary Officers was raised to 11 and that of vaccinators to 118. The power of the Commissioner over the Committees was taken away and the number of Conservancy towns was reduced to 25.

The Member next examined how far the Sanitary Department, as constituted at present, fulfilled the purpose for which it was intended. The chief items of work done by the department at present were the following :—

(1) Printing the statistics of births and deaths furnished by the Revenue Department in suitable forms and submitting them to the Government.

(2) Conducting vaccination.

As regards the first, the Member observed that it was very necessary that accurate information about births and deaths among the people, the ages at which deaths took place, the prevalent diseases, etc., should be submitted to the Government, so as to enable them to find out remedial measures to combat certain kinds of diseases, to prevent mortality at early ages and, in fact, to improve public health generally. Statistics were collected partly by the T. I. C. and partly by the Revenue Department. It was the duty of the Sanitary Department to check them, but they failed to do it and, consequently, the information was in many cases unreliable. Unless accurate statistics were gathered in regard to the number of persons going out of and coming into the State, correct statistics of births and deaths could not possibly be obtained. It was, therefore, necessary that statistics of births and deaths should be taken by the subordinates of the Sanitary Department under the supervision of the superior officers of that department.

Coming to the subject of vaccination, the Member pointed out that there was a Vaccine depot and also a staff consisting of one qualified Superintendent, one Assistant and 163 vaccinators. The orders of Government were that not less than 2,00,000 persons should be vaccinated by the staff every year. According to the Administration Report for 1091, the number of cases vaccinated was 2,03,034, of which 1,84,645 were preliminary vaccination cases. Granting the accuracy of

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the above figures, it could be seen that, in about 20 years, the whole population would get vaccinated. It was more than 40 years since vaccination was introduced in the State. To examine the figures and to review the work, there was a Commissioner drawing Rs. 500 per mensem and an establishment costing Rs. 54,000 to the Government yearly. The Inspecting officers were getting lazy and the number of cases said to have been inspected by them was also not always correct. The accounts and registers relating to the subject for any one year were destroyed in the succeeding year, evidently because they did not contain accurate information. The Government should bestow their early attention to that branch of the work. The Member then made the following suggestions:—

(1) Vaccination Registers should be permanently preserved.

(2) The Sanitary Commissioner should be required to inspect a certain number of cases every year. The number of cases actually inspected by him should also be noted in the Government Review on the Administration Report of the Department.

(3) The number of vaccinators should be reduced.

The Member next said that the work of the Sanitary subordinates was confined to the 25 Conservancy towns. They did not attend properly either to the general sanitation of the towns or to the preservation of waterways from impurity. Their numbers in towns were very small. Their duty was to advise the people as to how to keep their houses, precincts, food stuffs, etc., properly and free from impurity, but they did nothing of the kind. The Sanitary Overseers were in fact incompetent for such work.

A sum of Rs. 2,000 was set apart every year for medical relief. The medicines had to be supplied to the 25 Conservancy towns. Only a few Sanitary officers were competent to render medical aid. It would be interesting to know what kinds of medicines were bought, to whom they were supplied, what quantity was left unspent, etc. It was not, however, possible to get information on the above points. The Sanitary Inspectors were not properly qualified men. The number of persons treated by the Sanitary officers fell from 1,100 in 1090 to 667 in 1091. The reason was not apparent. A few *thandakars* under the Proverthicars would do the work which the above subordinates were doing.

The next point discussed by the Member was the necessity for investigating into and reporting on public health in rural parts and for advising the people on improving their sanitation, etc. The most competent person to undertake the above work was the Commissioner. But he did not sufficiently tour about in the country and give the necessary advice to the people. No lectures on Sanitary subjects were delivered by him, nor were any leaflets on such subjects published in the Gazette. The Government were spending more than Rs. 75,000 per year on the department with no proportionate benefit to the people. It was not his proposal either to abolish the department or to amalgamate it with the Medical Department. What he would suggest was that the working of the department should be improved so as to make the institution really useful to the people.

Dewan's reply.—Noted.

(2) Town Improvement Committees.

94. Supply of good drinking water to the Town of Nagercoil.

Mr. A. Suryanarayana Pillai, B. A. (Member, T. I. C., Nagercoil) said that the supply of good drinking water to the town of Nagercoil was a long-felt want and that, notwithstanding the repeated representations made to the Government on the subject by the citizens of Nagercoil, nothing has been done as yet. The public health of Nagercoil was very poor in spite of its favourable geographical situation, on account of bad drinking water; and, diseases like cholera, typhoid fever and other epidemics were devastating the town year after year. The mortality in the town was great. When compared with the previous years, the mortality at present was less, as the T. I. C. took care to supply good drinking water during the St. Xavier's festival. The T. I. C. were thus able to prevent cholera. As the festival lasted for only 10 days, the T. I. C. were able to spend only a few hundreds of rupees from the Town fund for the supply of good drinking water to that portion of the town.

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